06/26/01

P

PTC/SB/05 (2/98)
Approved for use through 09/30/2000 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		PC10861ABT0	PC10861ABTC				
First Nam	ed Inventor or App	olication Identifier	Philip A. Carpino				
Title	MELANOCOF	MELANOCORTIN RECEPTOR LIGANDS					
Express Mail Lobal No.		E1.740000	507110				

See	MPEP o	P chapter 600 concerning utility patent application contents.					ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
								Washing	gton, DC 20231			
1.		Fee Transm' Submit an origina	nittal Form (e.g., <i>PTO)</i> al, and a duplicate for fee pr	/SB/17) rocessing)	Microfiche Computer Program (Appendix)					₽23≣		
2.	\bowtie	Specification	pecification [Total Pages 104] 7.				Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
1	(preferred arrangement set forth below)					(If ap	plicable, all nec	essary)		≅ % 3		
1		- Descriptive title of the Invention				а	Comp	tor Doodel	ala Carre	್ಪ₹≣		
1		 Cross References to Related Applications 										
			t Regarding Fed spon			b	Paper	Copy (iden	tical to computer copy)	೪∪≣		
1		- Reference	in Microfiche Append	xit		c. Statement verifying identity of above copies						
1		 Backgrour 	nd of the Invention			ACCOMPANYING APPLICATION PARTS						
1		 Brief Sumi 	mary of the Invention		8.							
		 Brief Desc Detailed D 	cription of the Drawing	s (if filed)		\vdash	Assignment Papers (cover sheet & document(s)) 37 C F R. §3 73(b) Statement Power of Attorney					
i.		- Claim(s)	rescription		9.	Ш						
₽		- Abstract o	f the Disclosure		l	(when there is an assignee)						
1					10.	\sqcup	English Transla	ation Docur	ment (if applicable)	- 1		
3.		Drawing(e) /2	5 U.S.C. 11.3)[Total sl	1	11.	1 1	Information Dis	sclosure	Copies of	_{IDS}		
	=	Diawing(s) (3	5 0.5.0. 11.3)[10tal SI	neets	l	_	Statement (IDS	S)/PTO-144	O-1449 Citations			
4.		Oath or Declaration [Total pages]					Preliminary Am	endment				
L.		a. Newly	y executed (original o	r copy)	13.	\bowtie	Return Receipt	Postcard (MPEP 503)	j		
Pi .		b. Copy	from a prior applicatio	n (37 CFR		_	(Should be spe	cifically iter	mized)			
		§1.63	(d))	•	14.		*Small Entity	Sta	atement filed in prior ap	nlication		
s.		(for cor	ntinuation/divisional with	Box 17 completed)		_	Statement(s)	Stat	us still proper and des	ired		
	[Note Box 5 below]				ł		(PTO/SB/09-12	?)				
ı	i. DELETION OF INVENTOR(S)				15.		Certified Copy	of Priority D	Ocument(s)	- 1		
1	Signed statement attached deleting inventor(s) named in the prior application,						(if foreign priori	ty is claime	d)	1		
		see 3	7 C.F.R. §§1.63(d)(2)	and 1.33(b).						- 1		
Incorporation By Reference (useable if Box 4b is checked)					14.	\square	Other: Pric	rity Claim				
	The en	tire disclosure	of the prior application	n. from which a	140			•		j		
copy of the oath or declaration is supplied under Box 4h is							This	non-provis	sional patent application	nis		
	considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						Stat	tes provisio	nal application number	nited		
			and manipulation by it	ololollos trolein.		60/214,616, filed June 28, 2000.						
ı						NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE PILED IN A PRIOR A PPULCATION S RELIED IPON GT C.F.R. § 1.28).						
					IF ONE	FILED I	L ENTITY STATEME N A PRIOR APPLICA	NT IS REQUIR ATION IS RELI	RED (37 C.F.R. § 1.27), EXCE. ED UPON (37 C.F.R. § 1.28).	PT		
17.	If a C	ONTINUING A	APPLICATION, check	appropriate box, and su	oply the	requisit	e information belo	w and in a pr	reliminary amendment.			
		Continuation	Divisional	Continuation					No:/			
	Prior application information: Examiner Group/Art Unit:											
18. CORRESPONDENCE ADDRESS												
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below												
Name	Name Gregg C. Benson											
Addr	Address Pfizer Inc.											
Address Patent Department, MS 4159, Eastern Point Road												
City Groton State			СТ		T	Zip Code	06340					
Coun	try	United States	s Of America	Telephone	1-(8	360)-44		Fax	1-(860)-441-5221			
1	NAME	1 1 1					No. (Attorney/A		39,156			
Signature B Annels Co							Date		WNE 25 2001	\neg		
				-			UTILITY TE	MANSMITT	ALPTO SB 05 9/99 (*	1/11		

PTO/SB/17(2/98)
Approved for use through 08/30/2000,
OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL				Complete if Known							
				Application Number To be assigned							
				Filing Date				Herewith			
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,, 2000.				First Named Inventor				Philip A. Carpino			
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.				Examiner Name To be assigned							
Se	e_37 C.F.R. §§	1.27 and 1.28.		Group/Ar	t Unit			To be assigned			_
Total Amount of Pa	yment	(\$)854.00		Attorney	Docke	t No.		PC10861ABTC			
MET	HOD OF PAYN	NENT (check one)					FEE CAL	LCULATION (continued)			_
		eby authorized t		3. ADDITIO		EES					_
	es and credit	t any over paym	ents to:	Large En		Small E					
Deposit Account Number 16-1445				Fee I Code	Fee (\$)	Fee Code	Fee (S)	Fee Description	n	Fee Paid	
Deposit Account Name Pfizer Inc				105	130	205	65	Surcharge – late fee or o	oath		
Charge Any Additional Charge the Issue Fee Set in				127	50	227		Surcharge-late provision cover sheet	nal filing fee or		
§7 Fee Required Ur Q.F.R. §§ 1.1.6 and	nder	37 C.F.R. § 1.1.8 of the Notice of A		139	130	139	130	Non-English specificatio			
71. 39 1.1.0 and	1.17.	of the Notice of A	dionance	147	2,520	147	2,520	For filing a request for re	examination		
2. Payment En	closed:			112	920*	112	920*	Requesting publication of	SIR prior to		
Check Money Order Other				l	1,840*	113	1,840*	Examiner action Requesting publication of Examiner action			
10	FEE CALCU	JLATION		115	110	215		Extension for reply within	n first month		
1. BASIC FILING FEE				116	390	216		Extension for reply within month	n second		
Large Entity Sma	II Entity			117	890	217	445	Extension for reply within	third month		
Fee Fee Fee Code (S) Code	Fee Fee (\$)	Description	Fee Paid	118	1,390	218	695	Extension for reply within	n fourth month		
10 t 710 201	355 Utility	y filing fee	710.00	128	1,890	228	945	Extension for reply within	n fifth month		
106 320 206	160 Desi	gn filing fee		119	310	219	155	Notice of Appeal			
107 490 207	245 Plan	t filing fee		120	310	220		Filing a brief in support of	f an appeal		
108 710 208	355 Reis	sue filing fee		121	270	221		Request for oral hearing			
114 150 214		isional filing fee		138	1,510	138		Petition to institute a put proceeding	lic use		
SUBTOTAL (1) (\$) 710.00					110	240	55	Petition to revive - unavo			
2. EXTRA CLAIM FEES				141	1,240	241	620	Petition to revive - unintentional			
	E Cla	xtra Fee from aims below	Fee Paid	142	1,240	242	620	Utility issue fee (or reissi	1e)		
Total Claims 28	-20**= 8	X 18.00	= 144.00	143	440	243		Design issue fee			
Independent 1	- 3***= O	X 80.00	= 000	144	600	244	300	Plant issue fee			
Multiple Dependent		270.00		122	130	122	130	Petitions to the Commiss	sioner		
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity			123	50	123		Petitions related to provisional applications				
Fee Fee Fee Code (\$) Code	Fee Fee (\$)	Description		126	240	126		Submission of Informatic Statement	n Disclosure		
103 18 203		ns in excess of 20		581	40	581		Recording each patent a property (times number of	of properties)		
102 80 202		endent claims in		146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))			
104 270 204		ple dependent cla		149	710	249	355	For each additional invention to be examined (37 CFR 1 129(b))			
original patent			Other Fee								
110 18 210 9 **Reissue claims in excess of 20 and over original patent			Other Fee	(specify)						
SUBTOTAL (2) (\$) 144.00					by Basic	Filing Fee	Paid	SUBTOTAL (3) (\$)	0.00	
SUBMITTED BY								Complete (if Applicab			
Type or Printed Name B. Timothy Creagan			D.t.	T -			Reg Number	39,156		_	
Signature	1. Umo	lh (i		Date	Vi	INC 25	200,	Deposit Account User ID	16-1445		